

**Livingston County
Solid Waste Challenge Grant Program
Project Year 2018**

PROJECT APPLICATION FORM

This form is to be filled out for those **applicants seeking a 25-40% match** in funding for solid waste management projects as described in the project description. Attach additional pages as necessary.

Primary Applicant

Local Unit(s) of Government: _____

Applicant Contact Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone: () _____ Email: _____

Co-proposer(s) if applicable (Attach additional sheets if necessary)

Organization: _____

Co- Proposer Contact Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone: () _____ Email: _____

ITEM (Please describe estimated expenses)	APPROX. COSTS
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
TOTAL ESTIMATE OF COSTS:	\$ _____
_____ % MATCH IN FUNDS BY APPLICANT(s):	\$ _____

_____ % MATCH IN FUNDS REQUESTED FROM COUNTY:

\$ _____

PROJECT DESCRIPTION

Title of Project:

Objective of Project:

Where will the project take place and who will be affected by this project?

Why is This Project Needed? Describe any previous incidents that may have prompted this project.

Names and titles of those directly involved with the project and their roles as they pertain to the project:

Has this project been completed in previous years? If so, how many?

How will this project be implemented? What will be done to ensure that unnecessary costs are avoided?

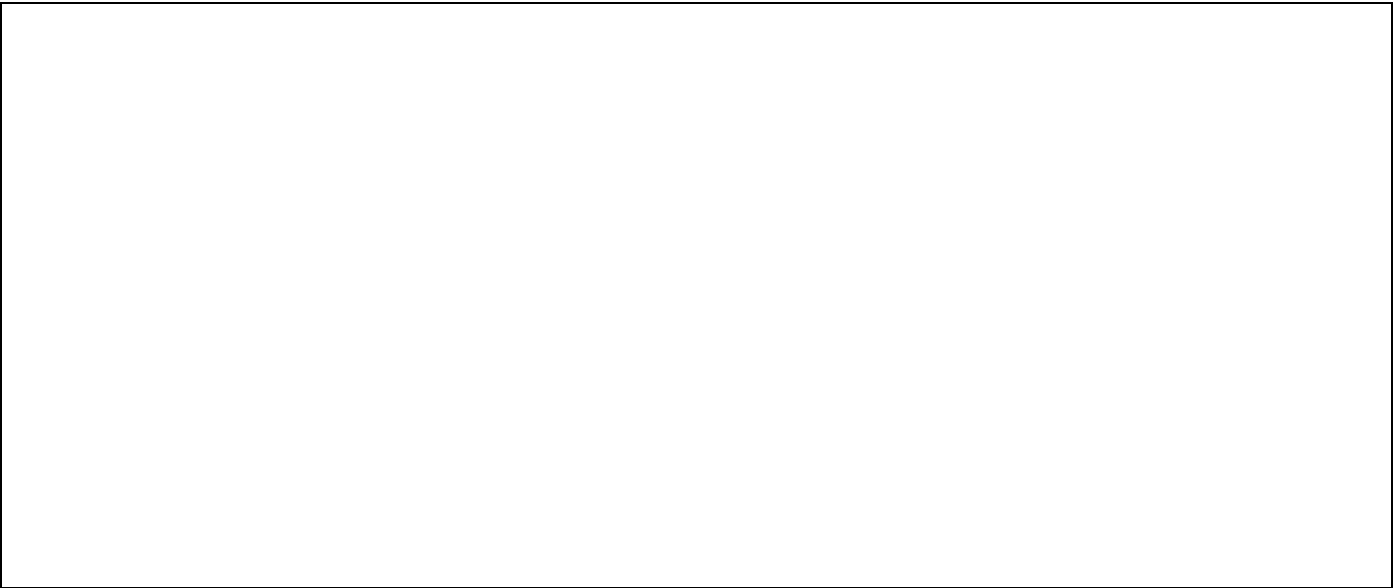
How will you count the number of participants and the volume of material recovered?

What items will you collect? What will you exclude?

How will you advertise for your project?

How will you educate participants of the benefits of waste reduction, reuse, recycling and proper disposal?

Please provide any additional information you feel is necessary to describe your project.



A person who will be authorized to enter into an agreement with Livingston County must sign below to certify that the information provided in the application is accurate.

Signature of Authorized Person

Date

Print Name of Authorized Person